

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 107141601	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
2	1						52						
3							53						
4	1						54						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.	21						TOTAL DEP.						
TOTAL CLAIMS	21						TOTAL CLAIMS						